

# NWP Family Wellness Program 2014

## Children Under 18 years of age

Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Print clearly)

NWP Employee Name: \_\_\_\_\_  
(Print clearly)

The NWP Family Wellness Program is a voluntary program for the dependents of our physicians, clinicians and administrative staff designed to encourage and support family participation in wellness related activities. [Click here for eligibility, prizes and guidelines.](#)

**Part 1: Close Your Care gaps:** Complete the following and the NWP employee will [receive one additional chance within the drawing](#)

\_\_\_\_\_ Close your overdue care gaps (write in the date that care gaps were closed)

**Part 2: Community Fitness or Volunteer Activity** (such as an organized run, walk, hike, marathon, triathlon, volunteering a school, community organization, etc). Do one of these events or volunteer activities and your NWP employee will [receive one additional chance within the drawing.](#)

Name of Event or Organization: \_\_\_\_\_

Date of Event or Volunteer Activity: \_\_\_\_\_

### **WELLNESS REMINDERS**

- [Limit your intake of refined sugars \(diet drinks, candy bars, etc\) and other junk food](#)
- Get an [eye exam at least every two years](#)
- Visit your [dentist at least twice per year](#)
- [Exercise](#) at least 30 minutes per day, 5 days per week
- [Take care of your skin](#), and be sure to use sunscreen
- Limit your "screen time" to just an hour per day

YOU MAY EMAIL THIS FORM TO [NWPWELLNESS@KP.ORG](mailto:NWPWELLNESS@KP.ORG), OR SEND VIA US MAIL TO:

NWP Health and Wellness Program  
Kaiser Permanente Building  
Administration Floor 15  
500 NE Multnomah Blvd  
Portland, Oregon 97202